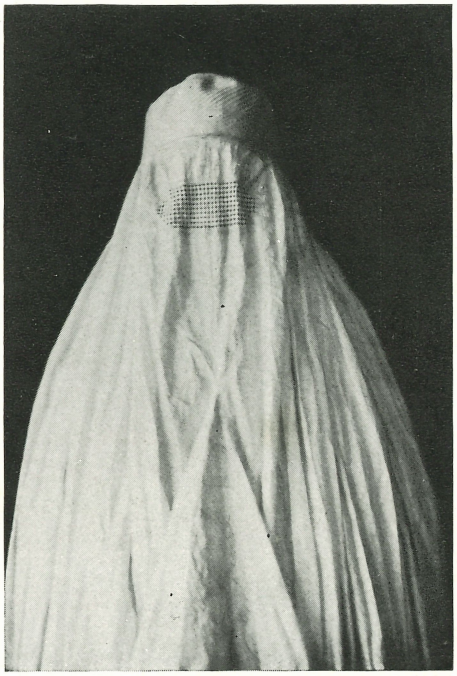
The MEDICAL MISSIONARY



In Rawalpindi, all well-to-do Mohammedan ladies arrive in the hospital completely covered from head to foot by a white cloak-like garment, called Burka. Their custom and religion still decree that they must not be seen by men except those of their household

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES
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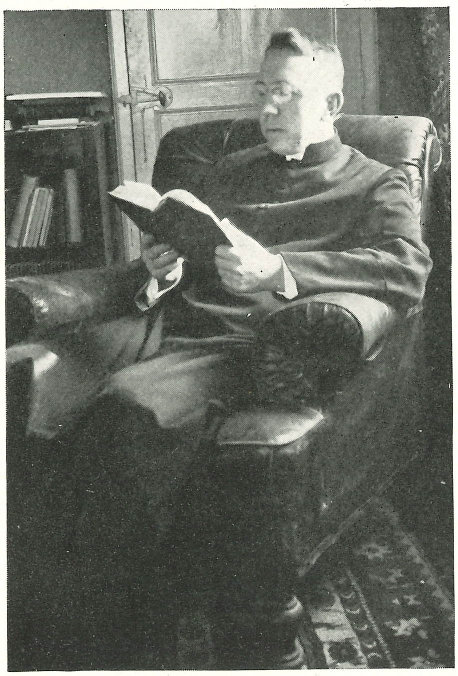
Solemn Opening *of* Our Hospital

ON December 15, Dr. Lyons writes briefly: "Yesterday we had a big day. His Excellency, Most Rev. Edw. A. Mooney, Apostolic Delegate In India, offered up the Holy Sacrifice of the Mass for the first time in the new hospital chapel and blessed the hospital. He said a few kind words. Only the Fathers and a Major, who is a great pillar of Church, his wife and a few other people were present. Rt. Rev. Msgr. Winkley, the Prefect Apostolic cannot stir out of bed, although he is somewhat better. After Mass we served breakfast to His Excellency and the guests.

Rev. Father Mangan, C.S.C., who is the Secretary to the Papal Delegate, was also present. Rev. Father Delaunay, C.S.C., and Rev. Father Goodall, C.S.C., sent a telegram of congratulations from Bengal.



HIS EXCELLENCY, MOST REV. EDW. A. MOONEY, APOSTOLIC DELEGATE TO INDIA

Rev. William White, a Mill Hill Father of the Prefecture, writes from Murrel on December 13: "The Apostolic Delegate must be in Rawalpindi by now, and I hope that he will be able to open the Hospital as was arranged. Shall we not trust that as he is from the U. S. A., and that as this work is due to the States, that this is a happy coincidence? Well, I hope and pray that God will bless the work and that time will show that it was worth while."

The MEDICAL MISSIONARY

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EDITORIAL

LET these people alone; they don't ask you to help them and they can't be converted, anyhow. Expressions such as these are heard sometimes. What is the answer? Nothing clearer than the parable of the Good Samaritan.

It was easy to pass by the man who fell among the robbers; easy to leave him alone. The Gospel says that the robbers left him half dead. From this one may infer that he had no strength to call out; he was unconscious and totally helpless. Was this lack of a call for help a reason for walking on?

In the Orient today there are millions of human beings who are strangers to us, who profess a different religion, many of whom are suffering and lie there helpless and voiceless.

There are young mothers mortally wounded by well-meaning but barbarous ancient methods of treatment and lack of attention; and that even in countries such as India where motherhood is the highest ideal. Little children are let suffer and die unnecessarily on account of ignorance and superstitious practices. Fevers, such as malaria, so common, that the loss of labor and income is a great economic problem and does not only cause much suffering to the victim but to his whole family. There are thousands who die of cholera, plague, sleeping-sickness, kalaazar, tuberculosis, etc., every year. There are the blind, the cripples, the incurables, the insane and the lepers.

All these are so many wounded by the roadside, stripped of happiness and usually unable to call out for assistance. In order to act like the Samaritan, whom Our Lord gave as example, we must stoop down and see and examine and pour in the oil and wine of mercy and generosity and make arrangements not only for momentary relief, but see the case through even at the cost of personal fatigue and expense. The Good Samaritan had to walk and pay for the wounded stranger at the Inn. The innkeeper is also to be admired for not refusing to harbor a troublesome guest.

When Our Lord asked the lawyer, who in his opinion was neighbor to him who fell among robbers, the lawyer had no hesitation in answering: "He who showed mercy to him."

And as the commandment is: "Love thy neighbor as thyself," the reason and obligation for Medical Missions as all other works of mercy from the beginning of time to the end is explained. The parable of the Good Samaritan teaches charity and mercy without alluding to conversion. Medical Mission work is primarily and fundamentally charity done for the love of God and our neighbor in obedience to His command. Even if the people are not converted, the work is meritorious and never wasted. Charity is an inseparable part of our Holy Religion. In the natural course of events, in the process of conversion the person concerned must come in contact with our Religion either through teaching, conversation, reading or example. This knowledge usually comes in fragments which convinces or penetrates more or less deeply. Works of charity are not the whole of our religion, but an inseparable part of it. Suppose a pagan chances to be the object of an act or acts of charity, is it not reasonable to suppose that such charity convinces him that there is something good in the Religion which provides it, and that he becomes a little less prejudiced against, and open to learn more about the Religion which inspires it. Practical experience proves that Medical Missions, as a work of charity, has a powerful missionary value.

Our Lord, during His ministry on earth, often healed body and soul. And in His Divine Providence, He calls men and women to various labors in His vineyard; one to preach, another to watch and pray, another to teach, another to bind up wounds, to show that his love and compassion endure forever and everywhere.

The life of a Medical Missionary is an humble career when measured by the standards of the world. Those who by rendering financial assistance make possible Medical Missions—also to a certain extent are deprived of immediate reward for their charity because they have not the satisfaction of seeing with their own eyes the results obtained. But the reward and the surprise will be all the greater one day, when the Divine Judge will lovingly say: "What you did to the least of these, you did it unto Me."

In spite of the inevitable hardships entailed in Mission life, anyone familiar with conditions in the Mission fields and with the opportunities for spiritual and corporal works of mercy, can not help but rejoice when a new laborer offers himself or herself as an instrument in God's hands to bring the light of Faith to distant lands, ready to lessen the burden of misery of our neighbor yonder, for whom Christ also suffered and died.

THE MAKING OF A MISSION DOCTOR

By JOANNA LYONS, M. D.

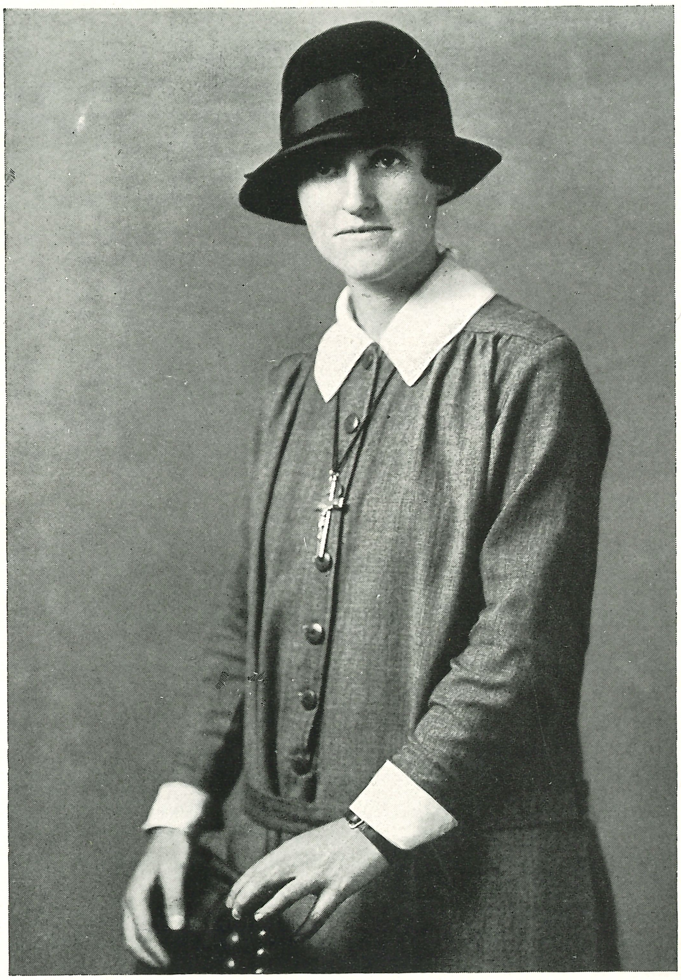
The purpose of this chapter is to set down the various stages through which one progresses to become a Medical Missionary, with a word or two about the actual work on the Mission field. It is partly the experience of one individual Mission doctor, and partly a summary of facts pertaining to the subject, gathered from the experience of others.

The Idea of Becoming a Mission Doctor

How does the idea of becoming a Mission doctor come into anyone's head? How, indeed? It is but an example of that simple and inexplicable thing called vocation—a combination of outward circumstances and inner promptings. These are different in every case, but the resultant is a conviction that this is the path which the Lord has appointed, and which must be followed.

The New Project

Having made up one's mind, the next thing, ordinarily, is to break the news to the family — at least this much, that one wants to study medicine. Now, if one is a girl and comes home with this news, she must not expect the family to immediately rise and sing Hallelujahs. They won't be very keen on the idea for several reasons. It is, to this day, an unusual calling for a woman; of all the professions, medicine is the most expensive and laborious to prepare for, and, if followed earnestly, is at least as laborious as any. There may be a suspicion, too, that this is just an enthusiastic idea which will not last. If they tell you this in one way or another, it is not because they are narrow-minded, but because they have experience of life and they know that daughter is setting out on an enterprise that will demand many a sacrifice from them, and still more from her, before it is finished. But if one demonstrates that one means business and is willing to work for the desired end, the family, bless it, will rally round and help.



DR. JOANNA LYONS

First Steps

What is next to be done depends upon how far along the flowery path of learning one has proceeded. If the student is still in high school, it is most advantageous, almost necessary, to select a Scientific Course. Every bit of Chemistry, Physics and Biology which can be taken will lighten the future work. Algebra, Geometry and Trigonometry are useful when one meets advanced Physics in college; Latin and either French or German will be needed. At all events, the high school course must be completed and then comes college.

College Years

If it is wise to plan the high school course with an eye to future studies, it is quite necessary to take certain prescribed pre-medical courses in college. In fact, the requirements for admission to a Class A medical school are really rigid and any considerable failure to meet them may result in a delay of a year or more. Therefore, it is quite important to make oneself familiar with these requirements and to conform to them in the selection of courses. Most men's colleges and many of the larger women's colleges, including the Catholic ones, have special pre-medical courses.

Entering the Medical School

Now, is it but necessary to go with a B. S. diploma in a nice tin tube, knock at the door of the medical school of one's choice, and enter at will? Alas, no! There are a great many more people in the world who would like to study medicine than the medical schools can care for. I recollect that one autumn in one university, for a possible 28 places to be filled in the medical school, there were 125 applicants who met all the requirements fully, to say nothing of those who were deficient in this or that. It is wise, therefore, at least a year in advance, to get put upon the application list of one or more of the medical schools.

And medical schools are not all alike. It very much behooveth one to get into a Class A school. I have not the figures at hand, but, as I recollect it, there are in the United States about 80 Class A schools. Nearly all of them admit women. Of the Catholic Universities, I know of but two which admit women to the medical schools—Loyola in Chicago and Creighton in Omaha. Both are in Class A.

The Medical Course

Now the work of studying medicine begins in earnest. For the first two years there is much work with the microscope and experiments with animals and one whole year of work in anatomy. You study ologies of which, perhaps, many people never hear even the names, and peep for a few months at a time into many fields of knowledge which are very fascinating, but are such that whole lifetimes are spent in exploring one little corner of them. Somebody compared the study of medicine to taking a meal in a cafeteria—one goes down the line and gets a bit of this and a bit of that, but nobody could possibly take in all that is there.

To these two years succeed the two clinical years. Lectures go on, but the student actually works with patients in the hospital and dispensary. Here one finds out pretty well if the medical cloak fits one. For medicine, although we spend years learning the science of it, is, after all, an art. One must learn to deal with living, human creatures—to gain their confidences, to do them some good; if possible, much good; or, at least, no harm.

But do not expect to hang out your shingle (such a pleasant and homely expression) just yet. There is a year to be spent in a hospital as an interne, a sort of fledgling doctor who takes a hand in everything that goes on and sees and learns and does as much as possible. This year being completed, you are a Doctor of Medicine. (Some universities confer this degree before the interne year.)

Going to the Missions

There are various ways of going to the Missions. One may go independently, under arrangement with some already existing Mission, or one may go as a member of a Missionary Society. The writer, for instance, entered the Society of Catholic Medical Missionaries and spent a year at the headquarters of the Society in Washington. This year is entirely devoted to spiritual matters, the study of Mission subjects and of language. No medical work is done. After this, if there be no cause for delay, you pack your trunk for the missions. A long voyage probably ensues. The writer is about a month distant from the U. S. A. The voyage is fun, but at last you are glad to arrive at the destination and set about the work.

Getting Broken In

The very first job which confronts one is that of learning the language—one can not well practice medicine in a strange tongue. One secures a language teacher and digs away every day, between whiles inflicting the bits acquired upon whomsoever will submit to it.

Meanwhile one is at work in a hospital or dispensary or visiting homes and villages. It is the regular practice of medicine, with ups and downs and thrills and disappointments, as it is carried on the world over, but with the definite purpose of paving the way for Catholic teaching by making friends with the people. Now and again, in fact, rather often, one has the opportunity to baptize a dying baby.

The Work

Is that all? you may say. Isn't that a slow way of working for the conversion of the millions and hundreds of millions of pagans and Mohammedans?

Well, in the first place, the baptisms of the babies aforesaid are more than worth the years and the work spent in getting into this field. Secondly, speaking only for my own district, the Mohammedans and upper and middle class Hindus are not crowding one another in their eagerness to come to the Church. Humanly speaking, there is a long campaign ahead before we win them. The Mission doctor has a unique opportunity for securing the good-will of the people. Elsewhere you are being told of the why and wherefore of this.

N. B.—The Editor would be glad to encourage and help any young woman who desires to take up the study of medicine with the purpose of becoming a member of the Society of Catholic Medical Missionaries.

In subsequent issues we intend to have also articles on the "Making of a Mission Nurse," and on the "Making of Non-Medical Members" of our Society.

THE SOCIETY AT HOME AND ABROAD

OUR CANDIDATES
"Jimmy" also wanted to be in the picture

At the Medical Mission House at Home, life runs on swiftly and busily. After various holiday pleasures and privileges, such as seeing the "King of Kings" and the sights of the beautiful capital and shaking the President's hand on January 2nd, our candidates resumed their studies and different occupations vigorously. We are wondering, who in God's Providence, will be in the next group.

Sister Agnes Marie and Sister Mary Laetitia reached Ceylon safely on December 5. A letter posted at once after landing there says: "...... We went ashore in Port Said much to our delight. The natives in their long, full and dirty dresses were very amusing. The streets are full of peddlers, trying to sell trinkets of all sorts, fortune tellers and sleight-of-hand performers. Their only aim is to get the passengers' money. They seem very experienced; they called out to us: 'Seester, Seester Mary, we have nice rosary beads, crosses, etc., in here.'

"We expected the canal to be dull, but it was very interesting; I suppose because it was eastern and every sight was new and strange.

"We met several ships. One was flying the U. S. flag and bound for New York. Did you see the hospital near this end of the canal when you passed? It is in charge of the Sisters of Charity and is the most unexpected sight out there in the desert!

"The Red Sea was warm but tolerable. We passed Mt. Sinai our first morning in the canal. Since we have been in the Indian Ocean, the weather has been delightful. It is always cool on deck, so we are there all day and all night also."

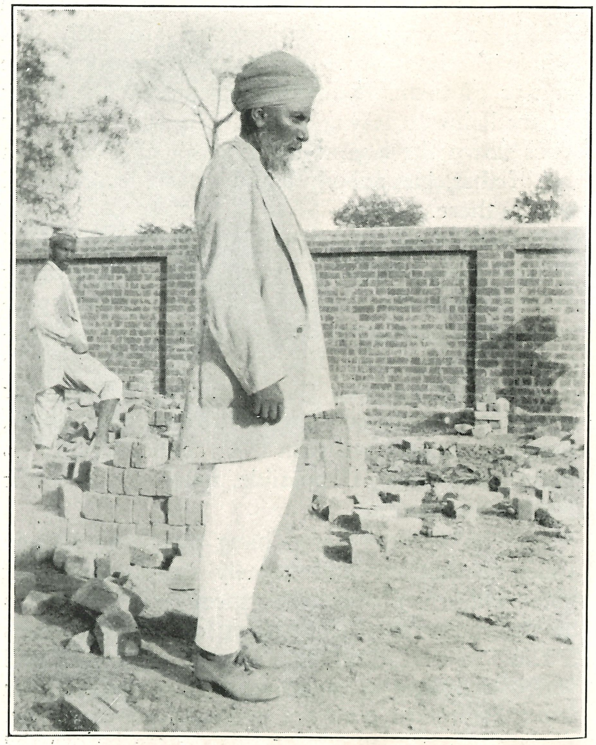
On December 12, Sr. Agnes Marie writes: "Colombo is beautiful, and the Franciscan Missionaries of Mary, with whom we were staying at the General Hospital, were extremely kind to us. We met the Holy Cross Sisters from Washington, who arrived one day later than we in India, and we went together to Kandy on the Feast of the Immaculate Conception.

"On the evening of the 8th we left for Madras, where we were received by the Irish Presentation Sisters like long lost friends. We were amazed at the good hospitals in Madras. We are going to Rawalpindi via Culcutta, and shall write all details when settled in Pindi........."

ONE OF OUR MEDICAL PATRONS

At Alexandria in 249, the mob rose against the Christians. St. Apollonia, an aged virgin, was the most famous among the martyrs. Her teeth were beaten out. She was led outside the city where a huge fire was kindled and she was told that she must deny Christ or else be burned alive. She was silent for awhile and then moved by a special inspiration of the Holy Ghost, she leaped into the fire and died in its flames.

She was designated by the Church as the patroness of Dentists.



THE CONTRACTOR OF OUR HOSPITAL—A FINE SIKH GENTLEMAN

A VOICE FROM AFRICA

The following is an extract from a letter of Rev. M. Coquard, a veteran Missionary in Nigeria, Africa, sent last July to our Society:

"......I do not know your program well, but the purpose of your enterprise is extremely good. I ask Almighty God to bless your generous and noble efforts.

"We Catholic Missionaries have so much Mission work to do—preaching, teaching, building houses, schools, and attend to many social works, such as meetings, committees, receptions, visits of our Christians, etc.—that we have no time to study medicine and to practice it seriously.

"However, in every Mission station in the Interland, where there are no European doctors yet, we give consultations and assist the poor patients in cases of fever, sores, guinea worm and ordinary diseases. But severe cases which require surgical operations and gynecology and obstetrics are the work of doctors and trained nurses. According to the rule of the Church we can not practice this kind of work. Therefore, the absence of women doctors and obstetrical nurses is a lack, a great lack in the Missions. It is a disgrace and an abasement for us to see that the Catholic Church, who was from the beginning the Mother of the Poor and of patients suffering from every kind of illness, is preceded in that work of charity by non-Catholic Missionaries.

"Everywhere in this heathen country, it would be good, even necessary, particularly when starting a new station, that the medical work walk hand in hand with the other Missionary work. The proverb is always true: 'If you want to speak to their souls, above all speak to the bodies.' If you want to approach the people, you white men and strangers, before all do good to them. By taking care of their bodies you reach their hearts and souls easily. St. Peter Claver, the Apostle of the Negroes in Carthagene, when asking alms for his dear Negroes, said always: 'Before speaking to their hearts I must talk to them with my hand.' This is true and the same, always and everywhere, even among the people of our own country.

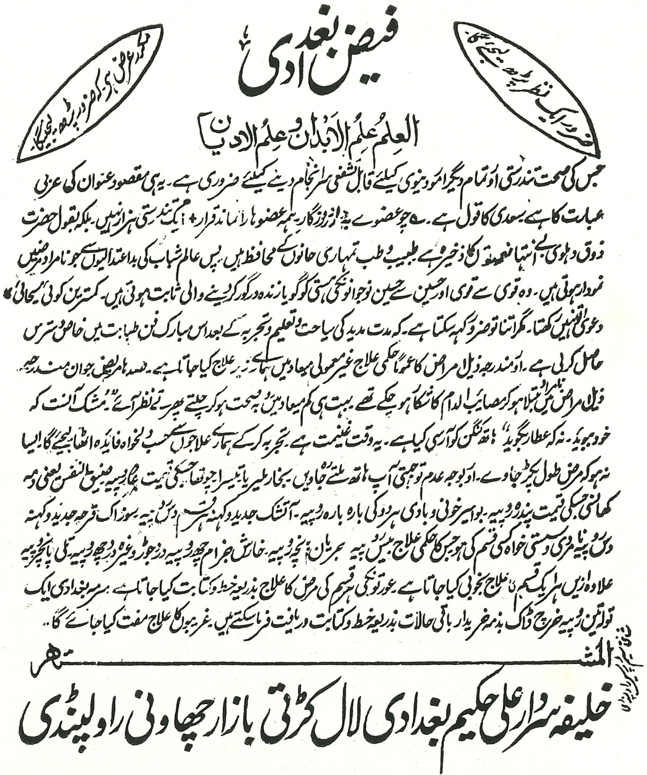
"It is now 37 years that I have been in Abeokuta, and I have deplored the lack of a medical staff many and many a time. No obstetricians, no woman doctor, no nursing sisters for the improvement of my work which I have started with only 3 or 4 bottles of medicine, and without money. But I am not a qualified doctor. In many other places the same work could be done, if there were workers.

"Actually now, the British Government lends me a woman doctor and a nursing sister, but before long they will leave me; and so I must see to the future........"

BOARDERS AT REV. FATHER COQUARD'S SCHOOL IN NIGERIA—AFTER THEIR PREPARATORY STUDIES THEY WILL ENTER THE TRAINING SCHOOL FOR NURSES—THEY NEED SOMEBODY TO TEACH THEM

THE LANGUAGE PROBLEM IN THE PUNJAB

The first task of a Missionary on arrival in the Mission field is to learn the language of the people among whom he or she works. Our missionaries studied Hindustani at home, but the conversational knowledge has to be acquired on the spot. In the land of the five rivers, where our first Mission is situated, the main language is Punjabi, which is spoken by more than one-half the population. The next most important languages are Western Hindi, which includes Hindustani, Urdu (the polished language of the town) and other Hindi: Pahari is spoken in the hill tracts. Rajasthani, Baluchi, Pushto, Sindhi and Tibeto-Burman languages are used by small portions of the population. In the dispensary, above all, one meets women who speak different languages, sometimes the gesticulation language is the only one available; other times, a native woman is able to interpret this or that unusual dialect or language.



فیض بغدادی

العلم علمان علم الابدان و علم الادیان

خلیفہ سردار علی حکیم بغدادی لال کرتی بازار چھاونی راولپنڈی

Official Plague Notice Printed in Hindustani

? Who ?

will organize a **MEDICAL MISSION CIRCLE** to help the Medical Missionaries in their work of mercy?

Combined effort achieves more.

Combined effort is easier.

Combined effort is especially pleasing to God: "For where there are two or three gathered together in My Name, there am I in the midst of them." (St. Math. C. XVIII, V. 20).

VER a year ago, Miss Katherine Hemler, with the help of her sisters and several other zealous ladies, organized the Little Flower Medical Mission Circle in Harrisburg, Pennsylvania. Ever since a check of $25 reaches us as regularly as clock-work every month. The organization of the Circle is very practical and would be a good guide for others who are interested in a similar undertaking.

On December 29, Miss Hemler writes: "Wednesday evening, December 21, we held our monthly meeting. I am so grateful to see the wonderful interest and faithful attendance. It was a very busy week for every member. I feared few would attend. I must tell you we have reached the stage where people are asking to join our Circle. Then, too, we have had 14 favors conferred; recently a non-Catholic sent a dollar for favor received. I wish it were in my power to organize 10 Circles who would send you the amount we do, then your anxieties would be less. There is no doubt of it coming in the future; like all good work it takes time to make friends who are helpful."

Dr. Anna Dengel,
Society of Catholic Medical Missionaries, Inc.,
16th Street and Bunker Hill Road,
Brookland, Washington, D. C., U. S. A.

Dear Doctor Dengel—I am very much interested in your work and in your new magazine. Enclosed is

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